UNITED STATES

SECURITIES AND EXCHANGE COMMISSIONVED Washington, D.C. 2054

Expires:

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OMB Number April 30, 2008

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per response 16.00

FORM D

NOTICE OF SALE OF SECURIT PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY								
Prefix	Serial							
DATE	RECEIVED							

Name of Offering (☐ check if this is Series A Offering	an amendment and nam	e has changed	l, and indicate	change.)	
Filing Under (Check box(es) that appl Type of Filing: ☑ New Filing ☐		tule 505 🗵	Rule 506	Section 4(6) ULOE	17270H 1810H 1810H 1810H 1810H 1810H 1811H 1811H 1811H 1811H
	A.	BASIC ID	ENTIFICATI	ON DATA	
1. Enter the information requested a	bout the issuer				
Name of Issuer (check if this is an Swingvote Inc.	amendment and name t	nas changed, a	and indicate cha	ange.)	07086432
Address of Executive Offices (Numbe 950 East Paces Ferry Road Suite Atlanta, GA 30326		Zip Code)		1-866-2	ne Number (Including Area Code) 58-6028
Address of Principal Business Operati (if different from Executive Offices)	ons (Number and Street,	City, State, Z	ip Code)	Telephor	ne Number (Including As ESSE
Brief Description of Business Provider of shareholder commun	ications and voting te	chnology to	institutional	investors	DEC 3 1 2007
Type of Business Organization ☑ corporation ☐ limited		hip, already for		☐ other (please s	pecify): THOMSON FINANCIAL
		Month	Year		
Actual or Estimated Date of Incorpora	tion or Organization:	10	2003	⊠ Actual	☐ Estimated
Jurisdiction of Incorporation or Organ	ization: (Enter ty	vo-letter U.S.	Postal Service	abbreviation for State:	
	CN for 0	Canada; FN fo	or other foreign	jurisdiction)	DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administration in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A.	BASIC IDE	NTIFICATION DAT	ΓA (continue	ed)
2. Enter the information	requested for th			<u></u>	
	•	-	d within the past five year	rs:	
					or more of a class of equity securities of the
	cer and director	of corporate issuers and	of corporate general and	managing part	ners of partnership issuers;
and • Fach general and m	anaoino nartner	of partnership issuers.			
Check Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or
			Executive Officer	Director	Managing Partner
Full Name (Last name first, Anne O. Faulk		<u> </u>			
Business or Residence Address Paces Ferry Re			code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Diana Bourke	if individual)				
Business or Residence Addi			Code)		
950 East Paces Ferry Ro	oad Suite 2179	5 Atlanta, GA 30326			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Nick Advani	if individual)				
Business or Residence Adda	ress (Number ar	nd Street, City, State, Zij	p Code)	,,,,,,,	
950 East Paces Ferry Ro			,		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Lincoln Isetta	if individual)	<u> </u>			
Business or Residence Addr 950 East Paces Ferry Ro			Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Paul J. Keeler Jr.	if individual)				
Business or Residence Addr			Code)		
950 East Paces Ferry Ro	ad Suite 2175	5 Atlanta, GA 30326			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Edward Mitchell	if individual)				
Business or Residence Addr	•	•	Code)		
950 East Paces Ferry Ro	ad Suite 2175	Atlanta, GA 30326			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Stephen B. Wells	if individual)				
Business or Residence Addr	ess (Number ar	nd Street, City, State, Zip	Code)		
950 East Paces Ferry Ro	ad Suite 2175	5 Atlanta, GA 30326			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)
950 East Paces Ferry Road Suite 2175 Atlanta, GA 30326

Steve Guess

Check Box(es) that Apply:	☐ Promoter	X	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, Anne Faulk Projects, Inc	,						
Business or Residence Addr	ress (Number a	nd St	reet, City, State, Zip	Code)			
950 East Paces Ferry Ro	oad Suite 217.	5 At	lanta, GA 30326	•			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

4. Enter the information for each person who has been or will be paid or given directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)						B. INF	ORMAT	TION AB	OUT OF	FERIN	3			
2. What is the minimum investment that will be accepted from any individual?	1. 1	Has the issue	er sold or d	loes the iss	uer intend	to sell, to	поп-ассте	dited inves	stors in this	offering?				
3. Does the offering permit joint ownership of a single unit?					Answer	also in Ap	pendix, Co	olumn 2, if	f filing und	er ULOE.				
3. Does the offering permit joint ownership of a single unit?	2.	What is the 1	ninimum i	nvestment	that will b	e accepted	I from any	individual	?			***************************************	.\$N/A	
4. Enter the information for each person who has been or will be paid or given directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WA] [WV] [WI] [WV] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [MV] [MV] [WV] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [UD] [MV] [WV] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated B														No
remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the worker or dealer. If more than five (5) persons to be listed are associated persons of such broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	3.	Does the off	ering pern	nit joint ov	vnership o	f a single	unit?			•••••		•••••••	⊠	
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer	! !	remuneration person or ago than five (5)	n for solici ent of a bro	tation of proker or dea	urchasers i der registe	n connecti red with th	ion with sa	les of secu l/or with a	rities in th state or st	e offering. ates, list th	If a perso e name of	n to be lis the broker	ted is an a or dealer	. If more
Name of Associated Broker or Dealer	Full 1	Name (Last r	iame first,	if individu	al)						.			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)	,					
(Check "All States" or check individual States)	Name	of Associat	ed Broker	or Dealer		, <u>-</u>			•				<u> </u>	
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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)				•		
(Check "All States" or check individual States) □ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) □ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	Name	of Associat	ed Broker	or Dealer										
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)												**************		l States
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]	
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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip C	Code)						
(Check "All States" or check individual States) □ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	Name	of Associat	ed Broker	or Dealer			····				-		-	
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering check this box \square and indicate in the column below the amounts of securities offered for exchange and already exchanged.

	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	\$2,000,000	\$250,000
	Equity	\$	\$
	☐ Common ☑ Preferred		
	Convertible Securities (including warrants)	<u>\$</u>	\$
	Partnership Interests	\$	<u>\$</u>
	Other	\$	<u>\$</u>
	Total	\$2,000,000	\$250,000
	Answer also in Appendix, Column 3, if filing under ULOE		
1.	Enter number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	1	\$250,000
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		
2.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	\$	\$
	Regulation A	\$	\$
	Rule 504	\$	\$
	Total	\$	\$
3.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<u>\$</u>
	Printing and Engraving Costs		\$
	Legal Fees (estimate)	X	\$ 10,000
	Accounting Fees		<u>\$</u>
	Engineering Fees		<u>\$</u>
	Sales Commissions (Specify finder's fees separately)		\$
	Other Expenses (identify) (Blue sky filing fees)	X	\$ 1,000
	Total	X	\$ 11,000

_	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND US	SE OF PROCE	EDS (c	ontinued)
	1 and total expenses furnished in res	gate offering price given in response to Part C-Question ponse to Part C-Question 4.1. This difference is the		_	\$239,000
4.	for each of the purposes shown. If the an	gross proceeds to the issuer used or proposed to be used to the issuer used or proposed to be used to the for any purpose is not known, furnish an estimate the. The total of the payments listed must equal adjusted -C-Question 4.b. above.			
			Payments to Officers, Directors, & Affiliates	_	Payments to Others
	Salaries and fees		\$	□\$	
	Purchase of real estate		\$	□ \$	
	Purchase, rental or leasing and installa	tion of machinery and equipment	\$	□ \$	
	Construction or leasing of plant build	ngs and facilities	\$	□\$	
	Acquisition of other businesses (inclumay be used in exchange for the asset	ding the value of securities involved in this offering that so recurities of another issuer		_	
	Pursuant to a merger)		\$	□\$	
	Repayment of indebtedness		\$	□ \$	· · . · . · . · . · . · . · . · . ·
	Working capital		\$	⊠	\$239,000
	Other (specify)		\$	<u></u> \$	······································
		B	\$	⊠	\$239,000
	Total Payments Listed (column total	ls added)		\$239,	
		D. FEDERAL SIGNATURE			
The	issuer has duly caused this notice to be sim	ed by the undersigned duly authorized person. If this no	ntice is filed under	Dula 50	5 the following
sig	nature constitutes an undertaking by the issue	or to furnish to the U.S. Securities and Exchange Commic credited investor pursuant to paragraph (b)(2) of Rule 502	ission, upon writter	request	of its staff, the
lssi	uer (Print or Type)	Signature O Da	ate		
Sw	ingvote Inc.	Signature () Sum De	ecember <u>5,</u> 2007		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			
Ste	eve Guess	Chief Financial Officer and Secretary			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE			
1.	Is any party described in 17 CFR 230.252(rule?	c), (d), (e) or (f) presently subject to any of the disqualification pr	ovisions of such	Yes	No ⊠
		See Appendix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes (17 CFR 239.500) at such times as required	to furnish to any state administrator of any state in which this nd by state law.	otice is filed, a notic	ce on F	orm D
3.	The undersigned issuer hereby undertakes offerees.	to furnish to the state administrators, upon written request, info	rmation furnished by	the is	suer to
4.		issuer is familiar with the conditions that must be satisfied to be in which this notice is filed and understands that the issuer hat these conditions have been satisfied.			
The duly		the contents to be true and has duly caused this notice to be signe	d on its behalf by the	e under	signed
Issı	uer (Print or Type)	Signature O Date			
Swingvote Inc.		Stephen Sugar December 52007			
Nar	ne of Signer (Print or Type)	Title of Signer (Print of Type)			
Ste	ve Guess	Chief Financial Officer and Secretary			

APPENDIX

1	2 3					5 Discussification			
	Non-ad Inve S	to sell to ccredited stors in tate B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of inv amount purch (Part C-	ased in State	,	Disqualification Under State ULOE (if yes, Attach Explanation of Waiver granted) (Part E-Item 1)	
State	Yes	No	Series A Offering	Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
AL									
AK				-		_			
AZ									
AR									
CA				-			-		
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